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## **POWER OF ATTORNEY CORRESPONDENCE ADDRESS** INDICATION FORM

Examiner Name	
Art Unit	i i
Title	HUMAN IGM ANTIBODY INDUCING
First Named Inventor	Hidechika Okada
Filing Date	12/28/2004
Application Number	10/519,855

	Attorney Docket Number	3348/1	<u> </u>
I hereby revoke all previous powers of attorney gi	iven in the above-identified	application.	1
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I am the:  Applicant/Inventor.			1
Аррисалиничных,			
Assignee of record of the entire interest, See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I	. 3,71. <i>PTO/SB/96</i> )		İ
	Applicant or Assignee of Recon	rd	
Signature Nowto Okado	·	Date 0	8(02/2005
Name Noriko Okada			375-9249
Title and Company Inventor			
NOTE: Signatures of all the inventors or assignees of record of the entiti signature is required, see below.	re Interest or their representative(s) are	a roquired. Submit multiple fo	orms if more than one
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/519,855
	Filing Date	12/29/2004
	First Named Inventor	Hidechika Okada
	Titlo	HUMAN IGM ANTIBODY INDUCING.
	Art Unit	
	Examiner Name	

	Attorney Docket Number	1348/1	
I hereby revoke all previous powers of attorney give	ven in the above-identified ap	plication.	<u> </u>
I hereby appoint:			
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Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I	9.71. PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record			
Signature 70 dechi Ko- (250)	~	Date	08/02/2005
Name Hidechika Okada		Telephone	704-375-9249
Title and Company Inventor			with the same than and
NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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